

DEPARTMENT OF GENERAL SERVICES - TELECOMMUNICATIONS DIVISION (DGS-TD)
OFFICE OF NETWORK SERVICES (ONS)

TELECOMMUNICATIONS SERVICE REQUEST FORM ([STD. 20](#)) INSTRUCTIONS
(See [State Telecommunications Management Manual \(STMM\) CHAPTER 0799.1](#))

- All [STD. 20](#) forms for CALNET services, must be filled, printed and then signed by the Chief Agency Telecommunications Representative (CATR) or ATR and faxed to the SBC Customer Sales Support Center (CSSC) at (888) 371-0200. For information on where to send STD. 20 forms for services that are not from the CALNET contract, see the Procedures section of STMM [Chapter 0799.1](#).
- For questions on use of the form, or for assistance in completing the form, call (916) 657-9900 or (800) 807-6755 and request to speak with a DGS-TD Customer Account Manager.

1. AGENCY REQUEST NO:	Enter a number <u>assigned by your agency</u> for tracking purposes. NOTE: All other forms/documents associated with this request shall use <u>the same</u> number on the document or in the space for "associated Form 20 number".
2. DATE:	Enter the date of the request.
3. REQUEST IS FOR: Service, Equipment or Other:	If the request is for service or equipment mark the appropriate box. If other, specify. Equipment requests must also include a STD. 65 Contract/Delegation Purchase Order form.
4. AGENCY INFORMATION: <ul style="list-style-type: none">▪ Department:▪ Division, Bureau, Etc:▪ Person To Contact For Access:▪ E-Mail Address:▪ Telephone No.:▪ Fax No.:▪ Address of Present Service:▪ Address of Requested Services:	<p>Enter the name of your department.</p> <p>Enter the Division, Bureau name, or other organizational unit for which this request applies.</p> <p>Enter the name of the staff person to contact to allow vendor and technician permission to access to the building/service location.</p> <p>Enter the Contact Person's E-mail Address.</p> <p>Enter the Contact Person's Telephone Number.</p> <p>Enter the Contact Person's Fax Number.</p> <p>Enter the full address of your present service. Include any room or building numbers.</p> <p>Enter the full address where service is to be relocated, if different from present service. If new service is at the same address, write "same".</p>

<ul style="list-style-type: none"> ▪ Billing Address: ▪ C60 Account Number ▪ Telephone Numbers Involved: ▪ Utility Primary Bill No.: ▪ Requested Date of Service: ▪ General Services Agency Code: 	<p>Enter the address where the bill is to be mailed for payment.</p> <p>Enter the State Integrated Billing System (SIBS) summary bill number to be used. (For CALNET products and services only.)</p> <p>If request is for new telephone service, leave blank. If requesting additional lines on an existing Centrex or key system, indicate utility primary bill number (pilot number) of the system (below). If you are requesting modifications to existing service (such as Voice Mailbox for existing line), enter the telephone number(s) affected.</p> <p>If requesting new service not associated with any existing account or bill number, leave this space blank. If this request is for modifications or additions to existing Centrex or key service, enter the primary bill number (pilot number) of the system.</p> <p>Enter the date the service is to take effect. REMEMBER to allow sufficient time for review, approval, and processing of the order. "ASAP" is not meaningful and should not be used.</p> <p>Enter the applicable five-digit billing code, assigned by the Department of General Services Accounting Section.</p>
<p>5. ELIGIBILITY:</p>	<p>Place a check in the box that best describes the eligibility requirement met in order to be able to request services. Requests from non State agencies must have an approved Authorization to Order (ATO) on file prior to first order.</p>
<p>6. CHECK TYPE OF REQUEST:</p>	<p>Place a check in the box that best describes the service requested. If other, please briefly describe. For cellular phones, submit directly to vendor. For use of State Master Contract for telecommunications consulting services fax to DGS-TD at (916) 657-9129. For CALNET services fax to 888-371-0200. See STMM 0799.1 for additional information.</p> <p>To order equipment submit a Form 65 with the Form 20.</p>

<p>7. ADDITIONAL INFORMATION:</p> <ul style="list-style-type: none"> ▪ Briefly Describe Present Service: ▪ Briefly Describe Service Requested: ▪ Serving Utility: ▪ Total Cost of Requested Service: ▪ Method of Acquisition: 	<p>Enter the present service affected by this request, such as "single line, Nortel EBS Sets, Toshiba, etc."</p> <p>For example, "Install 3 Centrex lines to terminate on existing RJ11C jacks. Apply call forward don't answer feature to each line -- forward to 323-xxxx. Single line telephone instruments will be provided by Ajax Phones".</p> <p>Enter the name of the utility that provides service to the location.(e.g., SBC, Verizon, etc.)</p> <p>Enter the estimated or known recurring (monthly) charges and non-recurring (installation or purchase costs) for this request.</p> <p>Check the appropriate box to indicate how you will acquire equipment relating to this request and how you will pay for it (installment purchase or other). NOTE: Equipment rental is approved only for short-term emergency measures.</p>
<p>8. <u>Chief Agency Telecommunications Representative (CATR) or ATR</u> INFORMATION (REQUIRED):</p> <p>NOTE: Only currently authorized CATR/ATRs may sign STD. 20 forms. For information on becoming a CATR/ATR, see www.dgs.ca.gov/td, Click on Office of Network Services and then Customer Resources.</p>	<p>To be completed by the CATR or ATR: Print or type:</p> <ul style="list-style-type: none"> • your name • e-mail address (this field is important so that you can receive vital updates and information from DGS-TD) • address • telephone number • title • date <p>Sign the request in the space provided. Signature indicates that this request complies with State law and policy. See www.dgs.ca.gov/td. Click on the Office of Network Services and then go to Law/Policies Quick Links.</p>